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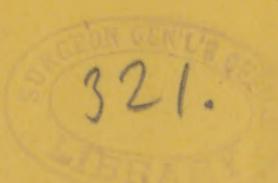
Indiana State Medical Society,

MAY 10, 1887,

—BY—

G. W. H. KEMPER, M. D.,

MUNCIE, INDIANA.



With Compliments of

G. W. H. KEMPER, M. D.

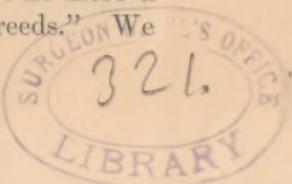
PRACTICAL THOUGHTS FOR PHYSICIANS.

BY G. W. H. KEMPER, M. D., MUNCIE, IND.

"There are three ways you may try, there are three interests you have to consider, and it will depend upon the order in which you consider them how success will be measured out to you. The first interest is your own, and it may seem to you the greatest, while it is really the least. The second interest is truly greater, for it is the interest of your professional brothers; but the last is the greatest of all, for it is the interest of your patient, and with that is eternally related the interest of the art you practice."—*Prof. Syme.*

Human life and health have always been cherished in civilized countries. Disease and pain led men to seek for remedies. The art of healing was the offspring of this desire. Physicians became the priests to minister to human ills. They welcome humanity at the threshold of life, and soothe it at the portal of death. The profession of medicine has always assumed a responsible position, and has likewise commanded respect. True, men have tried to counterfeit and have sometimes prostituted our art, and so men have dissembled in holy things, but impostors always imply real ones, just as hypocrisy implies that there is virtue.

Physicians and medicine have kept pace with all other forms of progress, and while even at the present day we have "physicians of no value" as in the days of Job, yet our profession has compared favorably with others. All have made mistakes. If the legal profession reminds us that Galen believed the arteries were for the transmission of air, we remind them that Blackstone believed in witchcraft. If doctors differ, so do judges. The clergy are no more a unit than we. We have "schools," and they have "creeds."



differ on doses, and they differ on the modes of baptism. We differ on some vital questions, and they differ on the no less vital question of conversion. In short, it is human to differ.

"Devil with devil damned
Firm concord holds, men only disagree."

Every man who enters the medical profession assumes a personal obligation to advance its interests. His own rights to a less, and the rights of others to a greater degree, are always to be kept in view.

First, as to personal obligations. A physician ought to have clean hands morally as well as antiseptically. "With purity and with holiness I will pass my life and practice my art," is a vow as ancient as the Hippocratic oath, and sufficiently modern for the nineteenth century. There are personal obligations and precepts to be observed. "Do thyself no harm," is a Christian precept to remember, as well as "love thy neighbor."

According to Dr. Gairdner, the ideal physician "must be a man endowed with a deep sense of moral responsibility, so as to beget confidence and unfailing trust in him on the part of his fellow-men—responsibility, therefore, to them in the first instance; but underlying that, and sustaining it as surely as the root and stem sustain the flower, a deeper and more latent responsibility to Him who is the source of all good, and therefore of all moral principle and moral responsibility whatever."

In addition to character a physician should possess learning and skill in his profession. We have more books and better books; more instruments and better instruments for operations and inspection of the human body and detection of disease; and more remedies at our command, more medicines, and better prepared medicines as a rule, under our control than were at the command of any class of physicians who have preceded us. Surely "unto whosoever much is given, of him shall much be required."

The physician of this age must be a constant student, and must strive to keep abreast with the wave of discovery and improvement. His library should consist of an assortment of the latest and best works. On his table should be seen one or more of our current medical periodicals. Quarterlies were valuable in their day, but

monthlies are better, and now weeklies have become active rivals, and are worthy of our support. Much of the literature of our medical periodicals is chaffy and shows evidence of rapid growth and ill maturation, but more of it shows thoughtful preparation, and is worthy of attention. The careful reader will readily discriminate between the two varieties.

Medical societies are a necessity, and should exist in every county in the State. Every honorable physician should be a member of the society in the county in which he resides, or, for valid reasons, of the county society nearest to his residence. Every member should be a live, earnest worker in his society, and labor to improve his own stock of knowledge as well as to instruct others. A medical man who stands aloof from medical societies is like a man trying to live the life of a Christian outside of the church ; he may, but such a state is exotic. A large majority of such physicians, on inspection, will be found suffering from progressive professional ataxia.

According to a recent work¹ Indiana has one physician to every three hundred and ninety-six inhabitants. This ratio is only surpassed by Maryland (1 to 329), Colorado (1 to 341), and Oregon (1 to 353). The stringent laws of several of our adjoining States, especially Illinois, have, no doubt, had some effect in causing a class of practitioners to remove into the borders of our own State. The restrictions upon qualifications of physicians in this State are so limited that any applicant who has already practiced ten years, or who presents a diploma from any medical college, and pays the prescribed fee to the county clerk, can secure the necessary license permitting him to engage in the practice of medicine.

Unless our State is protected by some legal restrictions, it will eventually become a retreat for reckless and incompetent practitioners who spring up like mushrooms upon our own soil, or emigrate from hot-beds of neighboring States. Our State Board of Health, which is composed of members of the several schools of medicine, should have the right to decide the standing of medical colleges, rather than leave the decision to a political officer in each county who is incompetent to decide, and whose action may be biased by votes.

Seriously, when we look at many of the certificates furnished by certain practitioners to county health officers, we are surprised at their lack of intelligence. What foundation have we upon which to build facts when the material furnished is largely alloyed with ignorance? As Dr. Billings says: "When 'teces,' 'colory in phantom,' 'colvia fontine,' 'hasphmar,' 'struck in on the air cells' are reported by 'physicians,' it is evidently unsafe to lay much stress on the scientific accuracy of diagnosis by the same reporter in other cases, even although the spelling may be more correct."

The regular profession is often misunderstood by the laity. We are accused of bigotry because we do not consult with irregulars, and are charged with foolish whims because we do not advertise, and countenance patents and nostrums. Consultations between physicians who hold unlike views on therapeutical agents avail nothing. One party must yield to the other, and what has the patient gained? In cases of emergency we respond to the call of every sufferer. Our code is "not inconsistent with the broadest dictates of humanity," and does not interdict, "under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them." On the contrary, "to meet the emergencies occasioned by disease and accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and spirit of the code."²²

We have no cause for receding from the position we have taken in regard to patents and nostrums. A pair of obstetrical forceps always reminds us of the selfishness of the Chamberlain family, while a scar of vaccination suggests the generosity of Jenner. The example of one debases, that of the other elevates. A nostrum supposes a specific, which in the order of things can not exist. No two patients having the same disease are affected alike; consequently one remedy for a disease is inappropriate and must be modified by the peculiar circumstances of individual cases.

One of the dangers that our profession has to fear is the tendency to litigation by patients and friends for alleged malpractice in surgery. It is a duty we owe to ourselves and the profession to

²²Addendum to Code, Resolution No. 2. This resolution is incorporated into the code, and is sufficiently broad and plain to stop all quibbling, both outside and inside the profession.

prevent, as far as possible, excuse for such action. I regret to say that we possess no positive prophylactic measures against malpractice suits. Dr. Sanger³ has shown in his report that any case may be contested in the courts. Your patient may sue you as soon as your services are rendered, or, if a minor, action can be delayed until the period of majority, be that five or twenty years, and then commence proceedings against you. Nay, more; after you are dead and laid away, and unable to appear in your own behalf, suit may be instituted against your estate, and your widow and orphaned children be pauperized.*

Dr. Black, now deceased, and a former member of the Delaware County Medical Society, was sued a few years ago by a young man and compelled to pay three hundred dollars and cost of suit. Thirteen years before, when the young man was a lad of eight years of age, he received a severe lacerated wound of the hand, followed by gangrene and necessitating amputation at the wrist. As soon as the age of twenty-one was reached, he brought suit against the doctor with the result stated.

Seventeen years ago a gentleman, who is a member of this Society, was called to treat a boy with a dislocation of the head of the radius. After the reduction, the father told the physician that he need not call again, as he felt perfectly competent himself to manage the case. Later the bone became displaced and remained so,

³ Report on Malpractice. Maine Medical Association, 1878.

* [Since delivering my address my attention has been called to a recent decision of the Supreme Court of the State of Indiana, which shows that my statement is erroneous. I am under obligations to Ellis & Walterhouse, of Muncie, for the following statement: "Until recently, all Indiana courts have held that any physician or surgeon who undertook for pay to treat any patient, thereby 'impliedly' contracted that such treatment would be good and skilful, and that for breach of such 'implied contract' a cause of action 'survived,' and might be maintained after death of either party, by or against the administrator or other legal representative. (See cases of Staley vs. Jameson, 46 Ind. Rep., p. 159; Burns vs. Barenfield, 84 Ind. Rep., p. 43; Goble vs. Dillon, 86 Ind. Rep., p. 327.) But on the 4th of November, 1885, in case of Boor, Adm'r, vs. Lowrey, 103 Ind. Rep., p. 468, the Supreme Court (two judges dissenting) decided that 'an action against a surgeon for malpractice to recover for an *injury to the person*, does not 'survive' against the administrator of the dead surgeon; thus limiting or overruling their decisions in the earlier cases; intimating, however, that '*special damages to property or estate*' of the patient may *yet* be recovered in an action against such administrator, if *such damages can be shown.*"]

but no advice was sought from a physician. The friends of the boy made some complaint and the physician never presented his bill. During the past winter that boy became of age and brought suit against the physician, who paid him one hundred and fifty dollars rather than risk the chances of a jury trial.

Unfortunately, the greatest danger arises in treating the poor, a class that appeals stronger than any other to our sympathy. They can prosecute without any risk of reaction, and they make a strong appeal to the jury. After the Maine Medical Association had listened to the report of Dr. Sanger, it adopted the resolution "that, with the existing State laws on civil malpractice, it is unsafe to practice surgery among the poor."

While we can not always prevent litigation, we can take some precautionary steps to fortify against malpractice suits. First, it is best in all grave and doubtful cases of surgery to be supported by one or more in consultation. Second, in all such cases have an early settlement with your patient after your services are no longer needed. If he has a supposed grievance with you, it is better to consider it at once, while the witnesses are accessible. The scriptural injunction is good in this case, as usual: "Agree with thine adversary quickly while thou art in the way with him." Delays are dangerous, and after the lapse of a number of years, when your witnesses are dead or removed, you will make an unequal contest against the person who stands up before a jury and exhibits a stump or a deformed limb.

If we ever reach a period when this class of cases is discountenanced or unknown, it will be when the medical profession unanimously refuse to engage in encouraging or assisting lawyers in such work. The whole system is wrong. In almost every case of supposed malpractice among intelligent physicians, it will be found that the results could not be avoided or were caused and augmented by the carelessness of the patient. Who among us has not met with results in medical and surgical practice that he greatly deplored, and yet was unable to prevent? Is there a surgeon here whose cases have always terminated in an assuring manner? If so, I congratulate him. Let us remember in all cases of deformity to withhold censure until the facts are fully known.

There is no profession whose members are more closely associ-

ated in sympathy and every-day affairs of life than the medical. A single clergyman will assume the responsibility of advising a dying man what he "must do to be saved." A single lawyer consents without hesitation to write a will and dispose of thousands of dollars worth of property to the satisfaction of his client—if not his heirs. Usually, however, the case is different with the physician, who feels more keenly the weight of responsibility, and asks for counsel. How the load lightens when we can share it with a professional brother in whom we have confidence. In all cases of surgery involving doubts and difficulties; in trying obstetrical cases, when the life of a mother is involved, and two lives hang in the balance, as well as many other cases, how we esteem the advice and assistance of another in whom we can trust. Our burdens and sorrows are lightened, while our joys are multiplied by their division with our fellows.

A physician should always strive to maintain a state of friendly feeling with his brother practitioners. He ought to be a gentleman, and treat others gentlemanly. Legitimate rivalry, based on skill and knowledge, is proper; but underhanded chicanery is contemptible and unworthy of any practitioner. A quarrelsome or a jealous physician ought to be abhorred in any community. Such an one is usually a "busy-body in other men's matters," with no business of his own. He bears the same relation to his professional brethren that a malignant growth does to healthy tissues—one is feared, the other detested.

A companion piece to the troublesome doctor is found in the officious layman. This genus is composed of both sexes, and is organized for the purpose of proclaiming the superior qualifications of its own doctor, and detracting from the reputation of others. When sickness occurs in the family of a neighbor who employs another physician, some member of this class is ready to proffer advice. "Who is your physician?" "Doctor Lancet!" "Well, he couldn't treat a dog for me! I employe Dr. Cureall, who never lost such a case as this." Even the funeral is not sacred from the approach of these pests. They are present to discuss the uncertainty of life and the inevitableness of death, as well as to enliven the occasion with criticisms on the needlessness of dying, and the infatuation of the deceased with that doctor of his! "Offered him

my doctor but he was obstinate!" I need not dwell upon the picture. If I address a non-professional man or woman to-night let me admonish you to tread lightly the threshold, and speak prudently in the sick room of your neighbor. You believe you employ the best physician in town; your neighbor has the same faith, but he employs another. Do not rudely thrust *your* opinions upon him. A man's religion and his family physician should not be changed except for good reasons.

Our code says: "Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice." Among true and honorable physicians consultations bring about this state of affairs; with unprincipled competitors the opposite results are induced. I believe the greatest hindrance at the present day to consultations is the advantage taken, too often, by the consulting physician to ingratiate himself into the favor of families into which he is called to render advice or assistance. Thou shalt not covet anything that is thy neighbor's, means your neighbor's patients as much as his house, his ox, or his ass.

Dr. Holmes says: "A physician's first duty is to his patient; his second only to himself. All quackery reverses this principle as its fundamental axiom. Every practitioner who reverses it is a quack." This is the true principle of legitimate medicine, and we may well be proud of our record of the past. The unselfishness of our profession has always been recognized. There has never been a want of physicians on the most sanguinary battlefield or in the most fatal epidemics. When disease and death have reigned, medical men have been present and faithfully discharged their duty. Our own society is honored with the name of Dr. Renner, a former resident of Indianapolis. A few years since, when Memphis was so severely scourged by the yellow fever, he went and labored with that distressed and afflicted people until "the relief-extending hand was itself paralyzed by the scourge whose ravages it had helped to mitigate, and after five days of torture, on the 16th of September, 1878, his light went out, and his life was laid as a sacrifice upon the altar of our common humanity."²⁴

²⁴ Dr. Lyons, Trans. Ind. State Med. Soc., 1880, p. 238.

But we are not compelled to go to battlefields or stricken cities in all instances to find medical heroes. Annually we fill up our death roll with names of physicians who have given their lives to the cause of humanity in their respective localities. Since we last met several of our number have passed away, and we shall see their faces and hear their voices no more. Among the number is our venerable ex-president, Dr. Joel Pennington, whose professional life alone embraced a period of more than half a century. Death came to him in the serenity of age; others fell in the prime of life, amid professional cares. Our friend, Dr. J. L. Wooden, was waiting in his office for his conveyance to carry him to a patient's house, when the more urgent call came and took precedence.

Benjamin Rush is the ideal American physician and teacher, and his character and tenderness have been stamped on those who have succeeded him. It is to the credit of the teachers in our American medical colleges that they have been and are humane. This is especially marked in the clinics where the poor apply for advice.⁵

As practitioners we should cultivate the same spirit in our intercourse with our patients; especially should we respect poverty. As the late Dr. Graves said, "If we are accused of disrespect for the dead, let us answer the accusation by our humanity to the living."

Possessing a knowledge of the laws of hygiene, we are under obligations to the public to warn the masses against the inroads of disease. Our first duty is to prevent as far as possible, and if we fail in this, then to cure or alleviate disease.

During the past few years we have made important discoveries of the origin of various diseases, and whether we choose to accept the germ theory of disease in whole or in part, we have learned many practical facts. We know that antiseptic precaution in the treatment of wounds is beneficial, and ought not to be undervalued. We know that cleanliness is essential to good health, and it is our duty to impress this fact upon the people.

Two years ago a severe epidemic of typhoid fever visited Ply-

⁵This is in contrast with some other nationalities. Thus, Dr. Clark relates that he has heard the case of a phthisical person explained in all its bearings by a professor at Bologna, Italy, in the patient's presence; in another instance, which occurred at the same place, a female, laboring under cancer of the uterus, burst into tears on hearing a detailed account of the nature of her complaint.

mouth, Pennsylvania, a city of some eight thousand inhabitants. In all, about one thousand persons were affected, and, besides the loss of life and much suffering, business was suspended for weeks, and great pecuniary loss entailed. All these disasters were due to neglect of the common laws of health. The water was suspected, and on investigation it was found that the reservoirs had been poisoned by the dejecta of a typhoid fever patient who resided several miles away from the city. Instead of disinfecting and burying the stools, as should have been done, they were thrown out upon the snow on a hillside, and when the snow melted in the spring the germs were washed down into one of the mountain streams that fed the reservoirs. From these reservoirs, laden with germs of death and woe, the ill-fated inhabitants of Plymouth drank literally the cup of sorrow for man's disobedience.

Another instance of the mode of conveying germs is given in a recent report to a society in France, by Dr. de Lamallaree: "In a little hamlet of ten cottages, isolated in the midst of a large forest, and always hitherto free from any cases of tuberculosis, a young soldier returned home affected with pulmonary phthisis. His wife also became tuberculous, and gave birth to a child who speedily showed evidences of hereditary tuberculosis. Another woman in the same hamlet presented in her turn the evidences of pulmonary phthisis. She had had no intercourse with the first cases, but had eaten of eleven chickens which had died in the yard of the soldier's house. The chickens were cooked very little before being eaten. The autopsy of another of the same flock showed tubercular lesions of the intestines, and the tubercle bacilli were found in great numbers. These chickens would thus seem to have been the means of conveying the specific virus, having themselves become tuberculous from eating the spouts from the affected individuals. This observation possesses a three-fold interest, as showing the possibility of transmitting the contagium of tuberculosis from man to man, from man to animals, and from animals to man."⁶

I mention these two examples showing the mode of transmission of germs in two of our most common and dreaded diseases. Examples of other diseases will readily suggest themselves to us,

⁶ Medical Record editorial, Feb. 12, 1887, p. 191.

The practical lesson I would urge is the necessity for care on our part as physicians, and instruction and warning to our patients and nurses in all cases of illness. Consumption is far more prevalent now than it was several years ago; is it not possible that in our endeavors to find remedies we have neglected to study causes? So with many other affections, we may follow with zeal certain facts and yet omit some of the weightier matters of the law.

There are popular sins that we as physicians may do much to counteract. With my limited time I may merely refer to a few. Prominent among these is intemperance, wrecking individual lives, and tarnishing the lives of others. By its agency men are rendered dangerous to society, and themselves a prey to manifold diseases. The social evil is another problem that demands our consideration. With its loathsome stamp handed down as a vile legacy from parent "to children unto the third and fourth generation," it threatens the sacredness of every home in the land. Criminal abortion reigns in our midst to such an extent that Herod is surpassed in many of our communities, even in this day of civilization. Men and women with the vows of the church resting upon them engage with bloody hands to destroy their own offspring, as though marriage was but a legal prostitution. Pernicious literature, which is sold indiscriminately in our shops, exerts a no less deleterious effect than the book presented by Douban, the physician, to the Grecian King, in the fabled Arabian Nights. We are told that its leaves were instilled with a subtle poison, and as the King perused it he imbibed fresh poison from each page, until he fell dead in the presence of his courtiers. The ill effects of tobacco upon our boys demands a passing thought. We meet with its baneful influence in many of our youths, beginning even at the early age of six or seven years, as shown in functional heart disease and protean forms of nervous affections.

Men and brothers, in our art these various responsibilities meet us day by day. As physicians and philanthropists we must stop to consider them, for, by reason of our education and standing in society, we are under obligations to instruct and help those in error about us. Hippocrates lived before the dawn of Christianity, and yet he taught a grand system of morality. Shall we, who live in

this noonday period of Christianity, do less? Ought we not to do more?

And now, in conclusion, let me add that we have no cause for discouragement. This is an age when men doubt. I warn young men against skepticism, which, cultivated, leads to despair. Do you doubt the value of remedies, the efficacy of means, the conquest of therapeutics? There are times when remedies are not indicated. As Scheenlein expressed it, "it often happens to good physicians to find no indications for treatment, to bad ones never." When you see indications for remedies use them judiciously, and trust them. There are useless remedies, but there are curative remedies. Sydenham said: "The chief defect of physic proceeds not from a scarcity of medicines to answer particular intentions, but from the want of knowing the intentions to be answered."

The out-look for the future is bright. I have faith to believe that our profession is destined to yet greater distinction and grander achievements, and that its coming members will accomplish more than we have been able to do. I have faith to believe that remedies now unknown will be discovered, and add new powers for the cure of disease and alleviation of suffering. I have faith to believe that by the reason of the enforcement of sanitary laws, mankind will grow stronger; that by reason of our great educational facilities they will grow wiser, and that by reason of the influence of the Christian religion men will grow better.

And, finally, in this day of religious skepticism, I have faith in God—faith to believe that He who numbers the hairs of our heads, who marks the sparrow's fall, and who clothes the lilies of the field, "is able to do exceeding abundantly above all that we ask or think."

